

RECORD VERSION

STATEMENT BY

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Mr. Chairman and Members of the Committee, I am Phil Sakowitz, the Principal Deputy Director of the US Army Installation Management Agency (IMA). Thank you for the opportunity to appear before your committee to discuss our contribution to the medical holdover program. The Installation Management Agency is a relatively new organization established in October 2002. We are the “city managers” for the United States Army providing what we call base support at 179 Army installations world-wide. These installations are decisively engaged in supporting the Global War on Terrorism. Secretary of the Army Harvey recently stated that providing for the well-being of Soldiers and their families is his most important priority; the IMA is at the forefront of this effort. While our agency delivers quality base support services to the Army, we are particularly honored by our role in support of injured Soldiers and their families.

We manage these Army installations from our headquarters in Crystal City, Virginia through seven regional offices. Our headquarters and region staffs, in close cooperation with Forces Command and the First and Fifth Armies as well as the staffs from the Offices of the Surgeon General and Assistant Secretary of the Army for Manpower and Reserve Affairs, oversee the Agency’s medical holdover effort. Together we monitor the current and projected medical holdover populations for each

installation to determine if current capacity levels for command and control and billeting are sufficient and if not what additional resources will be needed to accommodate or if the medical holdover load should be diverted to another installation. We stay engaged through periodic meetings and conferences incorporating all team members.

As of February 9, 2005, the IMA supports 3421 injured Army National Guard and Army Reserve Soldiers in the medical holdover program at 36 installations in the Continental United States, Alaska, Hawaii, and Puerto Rico. Our specific roles and responsibilities fall into three areas - Command and Control of medical holdover Soldiers, billeting, and transition processing. Over the last 18 months, since the challenges at Fort Stewart and Fort Knox, the Installation Management Agency has been decisively engaged with all Army stakeholders to improve the support we provide. Let me review these three areas of support:

Each installation with a significant medical holdover population has a dedicated command and control unit called a medical retention processing unit (MRPU). This unit is under the oversight of the garrison commander who is ultimately responsible for the medical holdover program at the installation. These MRPU's are commanded by a commissioned officer and provide Soldiers with leadership and basic administrative and logistical support. From the time the Soldier is in-processed to the point the Soldier is out-processed from the installation; whether to go to another installation for specialized care, to transfer to a community based health care organization, to return to civilian life, or to

their home station unit; MRPU personnel ensure we address Soldier needs. This ranges from daily requirements for food and shelter to assisting with military finances, legal assistance, and religious support. They work closely with the medical team to monitor the well-being of the Soldier and track progress through the medical retention process. Arranging for transportation and other support needed to get Soldiers to medical and administrative appointments is a major daily routine. Another important function of the leadership is to assign meaningful jobs to each Soldier to give them a sense of purpose, which contributes to his or her well-being. A Soldier's medical limitations are always taken into account and the job never interferes with the medical process. Bottom line: It's important to note that the basic responsibility of the MRPU is no different than any Army unit - Caring for Soldiers and their families while accomplishing the mission. The mission in this case is: To heal the Soldier and return him or her to fighting strength. For those we cannot heal, then with dignity and compassion, we will assist them in making the transition to civilian life. This is incredibly important and difficult work and the men and women performing this service, almost all of them Guardsmen and Reservist themselves, are outstanding and improve daily.

This command and control (C2) function is critical to our success and we continue to learn from our experiences. Some lessons learned from our involvement in recent assessment team visits were the need for improved command emphasis and a forum for periodic program review. As a result in September 2004, the IMA Director reemphasized that the garrison commander was ultimately responsible for the medical holdover program and tasked each commander to form and chair a multi-functional weekly meeting to review each medical holdover case and provide a

forum for stakeholders to resolve any issues hindering the success of the program. This forum includes the unit leadership and medical case managers, but also includes chaplains, counselors, transition center staff as well as other key support personnel. This practice continues to be instrumental in improving quality of life and the effectiveness of the medical review process.

We recently established a new command and control structure to improve the ratio of platoon sergeants to medical holdover Soldiers. Additional manpower is being assigned to installations to reach an ideal ratio of 1 to 35. Fourteen Soldiers have been received in the last few months. We feel this ratio will improve our command and control and the efficiency of a Soldier's progress through the program. Over 25 of our MRPU cadre also participated in a training conference from January 30th to February 5th at Camp Robinson (Little Rock) Arkansas to exchange ideas and lessons learned as well as to review key medical and administrative processes. We will continue these training events to improve our support to medical holdover Soldiers.

The IMA is responsible for all Soldier billeting and that includes those in the medical holdover program. We are continually improving in this area of support and today, all medical holdover Soldiers are provided with a safe, secure, climate-controlled room with inside latrines and accommodations for their medical conditions as needed. This is the standard. To meet these standards we house medical holdover Soldiers in the following priority: (Note that some Soldiers who live near the installation do reside at home)

- On-post barracks in compliance with DOD standards for transient soldiers as a minimum. For junior enlisted, that is 90 square feet net living area and not more than 4 to a room.
- Temporary relocatable buildings designated for medical holdover Soldiers. As an example, Fort Stewart has 300 billet spaces in this category that were leased in February 2004 to improve living conditions.
- Army lodging. This is on-post hotel space. As an example Fort Bragg relies on this option.
- Off-post lodging. Hotels off-post, as well as Army lodging, are in some cases required if the Soldier, for example, needs access to a bathtub for their medical care. Fort Campbell is using this option pending available adequate housing on-post.

Billeting medical holdover Soldiers continues to be a high priority and we are meeting, and will continue to meet, standards. The IMA has made great strides in refurbishing barracks spending over \$6.8 million last year to upgrade and furnish barracks dedicated for medical holdover Soldier use at five installations.

The last area of support is transition processing, which is performed at each installation transition center. These centers process Soldiers for retirement, return to National Guard or Reserve status, or return to civilian life. The Army standard for processing orders is three days after entry into the transition processing system (TRANSPROC) by the Physical Disability Agency and the Soldier must then be out-processed no later than thirty days after receipt of orders. During the initial days of the medical holdover program, this process was slow and often delayed a Soldiers return home.

We responded by improving procedures and adding 24 support personnel across 13 key installations to meet these standards. Today, IMA Transition Centers are currently issuing orders on average within four days and out-processing Soldiers in 16 days. This is a good news story and we are continuing to work to improve these times.

Before I close I want to echo what you have heard today about the Community Based Health Care Initiative. This program has been a win – win situation for the Army and our Soldiers. Allowing eligible Soldiers to heal at home relieves pressure on our installations, resulting in greatly improved quality of support to all Soldiers.

I want to assure the Committee that the IMA remains fully committed to its mission and its support to the medical holdover program. Once again thank you for the opportunity to address the committee and for all the support you provide to our Soldiers and families, to our Army, and to our Nation engaged in the Global War on Terrorism.